

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

A. KARL SINGER

Mailing Address 10 HOBBS RD

City	State	Zip Code
KENSINGTON	NH	03833

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

Transaction ID : SB28A_33456972

Amount of Each Disbursement this Period

100.00

Refund of contribution, initially earmarked for DCCC
(C00000935)

Full Name (Last, First, Middle Initial)

B. MICHAEL SINGER

Mailing Address 1407 S CARRIAGE LN

City	State	Zip Code
NEW BERLIN	WI	53151

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SB28A_33641410

Amount of Each Disbursement this Period

1.00

Refund of contribution, initially earmarked for ACTBLUE
(C00401224)

Full Name (Last, First, Middle Initial)

C. MICHAEL SINGER

Mailing Address 1407 S CARRIAGE LN

City	State	Zip Code
NEW BERLIN	WI	53151

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SB28A_33641409

Amount of Each Disbursement this Period

10.00

Refund of contribution, initially earmarked for DCCC
(C00000935)**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

111.00

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